

DECLARATION & POWER OF ATTORNEY FOR PATENT APPLICATION

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name;

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter that is claimed and for which a patent is sought on the invention entitled

JOINT SPACER

and for which a patent application:

X was filed in the United States on January 13, 2004 as Application No. 10/755,996.

I hereby state that I have reviewed and understand the contents of the above-identified application, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code §119(a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below any foreign application for patent or inventor's certificate or of any PCT international application having a filing date before that of the application the priority of which is claimed:

EARLIEST FOREIGN APPLICATION(S), IF ANY, FILED PRIOR TO THE FILING DATE OF THIS APPLICATION				
APPLICATION NUMBER	COUNTRY	DATE OF FILING (day, month, year)	PRIORITY CLAIMED	
			Yes	No

I hereby claim the benefit of United States priority under Title 35, United States Code §120 of any United States application(s) or §365(c) of any PCT international applications designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is disclosed in a listed one of the prior United States or PCT international application in the manner provided by the first paragraph of Title 35, United States Code §112, I acknowledge the duty to disclose information material to the patentability of this application as defined in Title 37, Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application:

APPLICATION NO.	FILING DATE	STATUS		
		Patented	Pending	Abandoned
10/163,480	June 5, 2002		X	
09/569,020	March 11, 2000	X		
09/137,443	August 20, 1998	X		

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below:

APPLICATION NUMBER	FILING DATE

POWER OF ATTORNEY: As a named inventor, I hereby appoint the Practitioners associated with Customer No. 33771 to prosecute this application and transact all business in the Patent and Trademark Office connected therewith: provided that, if any one of these practitioners ceases being affiliated with Customer No. 33771, then the appointment of that practitioner and all powers derived therefrom shall terminate on the date such practitioner ceases being so affiliated.

Send correspondence to and direct phone calls to:

CUSTOMER NUMBER: 33771

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:

FULL NAME OF INVENTOR:	LAST, first middle: BONUTTI, Peter M.	
SIGNATURE & DATE:	Signature: 	Date: 7/30/08
MAILING ADDRESS:	Street, city, state/country and zip code: 1303 Evergreen Avenue Effingham, IL 62401	
RESIDENCE :	City: Effingham	State or foreign country: IL
COUNTRY OF CITIZENSHIP:	US	